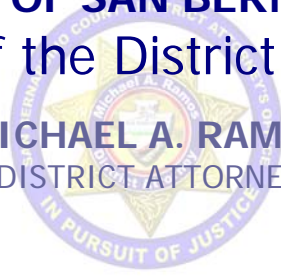


**COUNTY OF SAN BERNARDINO**  
**Office of the District Attorney**

**MICHAEL A. RAMOS**  
DISTRICT ATTORNEY



**APPLICATION PACKAGE**  
**VOLUNTEER PROGRAM**

If you are interested in becoming a Victim Services Volunteer / Student Intern at the San Bernardino County District Attorney's Office, please complete this application and mail the original back to:

***San Bernardino County District's Attorney's Office***  
***316 North Mountain View Avenue***  
***San Bernardino, CA 92415-0004***

***Attn: Policy & Staff Development Unit***

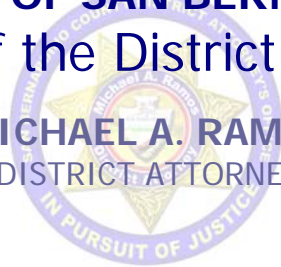
All applicants are subject to a criminal background check.

Please allow at least 4 weeks for processing of the application. If you have any questions, you may e-mail the Policy & Staff Development Unit at:

***[training@da.sbcounty.gov](mailto:training@da.sbcounty.gov)***

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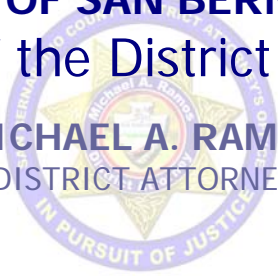


**VOLUNTEER APPLICATION**

Date: _____	
Name: _____	
Address: _____	
Home Phone: (    )    -	Cell Phone: (    )    -
<b>EDUCATION:</b>	
<input type="checkbox"/> High School <input type="checkbox"/> Junior College <input type="checkbox"/> College <input type="checkbox"/> Graduate School	
<input type="checkbox"/> Other: _____	
Last School Attended: _____	
Degree(s) Obtained: _____	
Do you have any special training/education in criminal law or law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, explain: _____	
<b>LANGUAGE:</b>	
Do you speak any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what language(s)?: _____	
<b>EXPERIENCE:</b>	
Please describe any legal or law enforcement experience you have: _____	
Please describe any office work or secretarial experience you have: _____	
Why do you want to volunteer at the District Attorney's Office? _____	
<b>AVAILABILITY</b>	
<b>Dates Available</b> Start date: _____	End date: _____
Days of the week available: _____	Hours available: _____
Which office(s) are you willing to volunteer at:	
<input type="checkbox"/> Barstow <input type="checkbox"/> Chino <input type="checkbox"/> Fontana <input type="checkbox"/> Morongo	
<input type="checkbox"/> Rancho Cucamonga <input type="checkbox"/> San Bernardino <input type="checkbox"/> Victorville	
Due to the sensitive nature of the work in the District Attorney's Office, a background check will be required. Do you have any objection? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**COUNTY OF SAN BERNARDINO**  
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**FINAL STATUS**

☐ **Approved**  
☐ **Denied**

**By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SEND RESULTS TO:**

\_\_\_\_\_

**Phone#:** \_\_\_\_\_

**AUTHORITY TO RELEASE PERSONAL INFORMATION**

I fully recognize that the San Bernardino County District Attorney's Office (SBDA) will inquire into all areas of my background, which may affect my suitability to be employed by a law enforcement agency. I hereby authorize SBDA to investigate my past record and to obtain any and all information concerning my record or character from present and past employers, personal references, and all persons from whom SBDA determines to have relevant information. Moreover, I hereby exonerate, release and discharge such persons or entities, its officers, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by SBDA.

**NAME:** \_\_\_\_\_  
Last First Middle

**MAIDEN OR PRIOR NAMES:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
No. Street Apt. #  
\_\_\_\_\_  
City State Zip

**TIME AT THIS ADDRESS:** \_\_\_\_\_ years \_\_\_\_\_ months

**HOME TELEPHONE NUMBER** ( ) - \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** - - \_\_\_\_\_

**DRIVERS LICENSE NUMBER & EXPIRATION:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_  
Mo. Day Yr. City State

**POSITION APPLYING FOR:** \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_\_ PHONE: (    )    -    Ext. \_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_  
DATE OF EMPLOYMENT: \_\_\_\_\_ PHONE: (    )    -    Ext. \_\_\_\_\_

Have you ever been arrested or convicted of any criminal offense? ☐ Yes ☐ No  
If yes, list offense, date and court of jurisdiction.

\_\_\_\_\_

**Please list all previous addresses you've had for the last ten years.**

Date From / Date To	Street	City	County	State

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement of material facts will subject me to disqualification or dismissal. I also understand that my work with the District Attorney's Office is contingent upon successful completion of this background investigation. I further understand that I will not be provided, nor am I entitled to an original or a copy of the background information provided as a part of this background investigation.

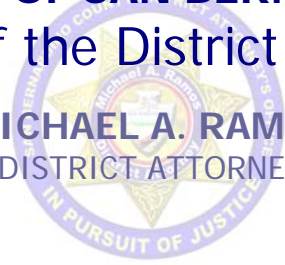
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### INVESTIGATION RESULTS

CNI	DMV	CII

**COUNTY OF SAN BERNARDINO**  
**Office of the District Attorney**

**MICHAEL A. RAMOS**  
DISTRICT ATTORNEY



**VOLUNTEER / LAW INTERN AGREEMENT**

1. I understand that I will not be paid for providing services as a volunteer/law intern.
2. I agree not to divulge any information obtained in the course of volunteer/law intern work to unauthorized persons. I understand unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code.
3. If I am injured while performing as a volunteer/law intern, I must immediately report the injury to my supervisor.
4. I understand as a volunteer/law intern I will be covered through the County's self-insurance program for public liability losses while performing volunteer work.
5. I understand as a volunteer/law intern I shall be deemed an employee of the County for Worker's Compensation purposes only while performing volunteer work, unless I am an unpaid student intern from an accredited college or university.
6. I understand that I must have a valid California Driver's License and carry the State's minimum vehicle liability and property damage insurance for my personal vehicle if my volunteer/law intern services involve travel on County business.
7. I agree to follow all County policies and practices regarding conduct and ethics, which apply to County employees.
8. I understand I am an at-will volunteer/law intern and my services may be terminated at any time without cause and without right to appeal.

***I have read this agreement. I understand and agree to abide by all terms listed above.***

\_\_\_\_\_  
Volunteer/Law Intern Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer/Law Intern Name (Signature)

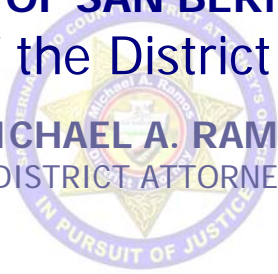
\_\_\_\_\_  
Volunteer/Law Intern Coordinator Name (Print and Sign)

\_\_\_\_\_  
Date

# COUNTY OF SAN BERNARDINO

## Office of the District Attorney

MICHAEL A. RAMOS  
DISTRICT ATTORNEY



### **CONFIDENTIALITY & WORK ETHICS AGREEMENT**

The District Attorney's Office is responsible for the prosecution of criminal cases. Like the permanent San Bernardino County District Attorney staff, as a volunteer worker, you have an obligation to the public we serve to maintain the highest ethical standards in both personal and official conduct.

#### **CONFIDENTIAL INFORMATION:**

During your assignment as a volunteer, you may become privy to sensitive and/or confidential information. Remember that official business of the District Attorney's Office is confidential. Do not discuss or give official information to anyone other than those persons for whom the material is intended as directed by your supervisor or as required by law. Disclosure of certain sensitive and/or confidential information may subject you to liability and/or prosecution.

#### **IDENTIFICATION:**

You will be issued an identification card that will authorize you to enter the District Attorney's Office facilities. You will be held personally responsible for this identification. Please report if it is lost, immediately to your supervisor. Misuse of official identification is a violation of the law.

#### **SAFETY POLICY:**

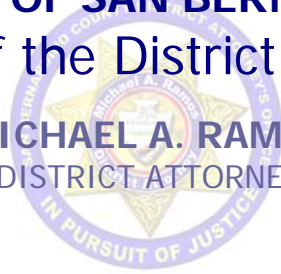
The District Attorney's Office regards the personnel of this office as its most valuable asset. The reduction of on-the-job injuries and damage to county property is an essential part of an efficient operation. The practice of safety and the prevention of accidents shall be the responsibility of all members of the District Attorney's Office. If you are injured on the job, please report the injuries immediately to your supervisor.

#### **TIMECARDS:**

The District Attorney's Office is required to record and maintain the number of volunteer hours worked. Your supervisor will provide you with the appropriate form to complete so that your total hours worked may be submitted on a monthly basis to your supervisor. The hours will then be forwarded to the program manager after the last working day of the month. The District Attorney reserves the right to terminate your volunteer work without cause.

**COUNTY OF SAN BERNARDINO**  
**Office of the District Attorney**

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**CONFIDENTIALITY & WORK ETHICS AGREEMENT (Page 2)**

**WORK ETHICS:**

As a volunteer at the District Attorney's Office, you are expected to report to work in a timely manner and call in promptly to the appropriate supervisor when you are not able to report to work. You are to check in with your supervisor for daily work assignments, unless otherwise instructed. Work assignments may be interrupted and you may be given a new assignment when a priority task needs to be completed. Work assignments are expected to be completed in a timely manner. Report any concerns to the appropriate supervisor.

**APPEARANCE & BEHAVIOR:**

Clean business casual clothing and comfortable shoes are permitted, unless going to court or instructed otherwise. If you will be making a court appearance, you must adhere to the San Bernardino County District Attorney dress code. Leave assigned work areas clean before leaving for the day. Treat others professionally and respectfully.

***I have read this agreement. I understand and agree to abide by all terms listed above.***

\_\_\_\_\_  
Volunteer/Law Intern Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer/Law Intern Name (Signature)

\_\_\_\_\_  
Volunteer/Law Intern Coordinator Name (Print and Sign)

\_\_\_\_\_  
Date

**Thank you for your interest in the San Bernardino County District Attorney's Office. With the effort of dedicated volunteers like you, our office will continue to enjoy its image of public trust and professionalism!**